

**Department of Employee Trust Funds  
WRS EXTRANET USER MANUAL**

**APPENDIX C – RACF USER ID REQUEST**

State of Wisconsin  
Department of Administration  
Division of Enterprise Technology  
DOA-10392 (R09/2003)



Return to:  
Department of Administration  
DET, BIN, Security  
101 E. Wilson - 4th Floor  
Madison, WI 53702

**RACF User ID Request**

REQUEST TYPE    ☐ NEW    ☐ CHANGE    ☐ DELETE

**Organization Identification**

Organization Name (please select from the drop-down menu or type the name)	Division Name	Bureau
Name Assigned to User ID	User ID (if change or delete)	Telephone Number (    )
Mailing Address	E-Mail or Internet Address	Fax Number (    )

Is this a contractor/consultant?    ☐ Yes    ☐ No

If yes, what is the exact date (mm/dd/ccyy) the contract will expire? \_\_\_\_\_

RACF User ID to be used as a model \_\_\_\_\_

If additional access is to be added  
or removed complete the following section

If TSO access  
JCL CNTL

<input type="checkbox"/> TSO	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> JCL CNTL <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CICS	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<input type="checkbox"/> IMS	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<input type="checkbox"/> Other	<input type="checkbox"/> Specify		

Comments \_\_\_\_\_

**SECURITY ACKNOWLEDGMENT**

**READ CAREFULLY BEFORE SIGNING THIS SECURITY ACKNOWLEDGMENT!**

I recognize and understand that:

1. Data and its informational content is an asset required to be safeguarded.
2. DOA/DET's policy provides that: (a) all passwords related to the legitimate access to data must be kept CONFIDENTIAL; (b) permitting another to use such passwords to gain access to data is expressly prohibited, and (c) an employee should never leave a terminal unattended without first terminating all sessions.
3. A breach of DOA/DET's policy constitutes a security violation and may subject the employee to disciplinary action when circumstances warrant it. Any employee who knows of actual or attempted violations should notify her/his supervisor.

Requesting User Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Customer Data Security Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

DOA/DET Security Officer Signature \_\_\_\_\_

Date \_\_\_\_\_